VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

December 4, 2014

Ms.. Brenda Schill, Administrator
Eastview At Middlebury
100 Eastview Terrace
Middlebury, VT 05753-9327

Dear Ms.. Schill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 13, 2014.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0603	A. BUILDING: _____ B. WING _____	C 10/13/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTVIEW AT MIDDLEBURY	100 EASTVIEW TERRACE MIDDLEBURY, VT 05753

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R100	Initial Comments: An unannounced on-site investigation was conducted by the Divsion of Licensing and Protection on 10/13/14. There were regulatory findings.	R100	Plan of Correction to: R181 V.Resident Care and Home Services 5.11.d 1. Action to be taken to correct the deficiency: The individual responsible for performing the follow up to any convictions of abuse, neglect, or exploitation is no longer with EastView. I met with the individual identified in the survey and she has submitted a letter of explanation to me which is included with my request for a waiver to the State. We are also in the process of reviewing all background checks performed for the current personnel to ensure if any convictions were found, that we review each situation and either terminate employment or request a waiver through the State. 2. Measures put into place and systematic changes to ensure the deficient practice will not recur: All individuals will have background checks run after offer of employment. If a conviction exists, the individual will only be considered for employment if they disclosed this information on the application/during the interview process and they submit a letter of explanation and correction to me and I request and receive a waiver from the State. 3. How the Corrective Actions will be monitored so the practice does not recur: The Executive Director will review employee information including background checks on every new employee to ensure no convictions have been reflected on the background checks. 4. The dates corrective action will be completed: 11/01/14:Employee identified to submit letter to Executive Director 11/24/14:Executive Director to submit request for waiver to the State 11/21/14:All Existing Employee Files to be reviewed 12/03/14:All Follow Up Actions Completed and submitted to the State. R208 V. RESIDENTCARE AND HDME SERVICES 5.18.c 1. Action to be taken to correct the deficiency: An in-service will be held for all EastView management team members on requirements of reporting abuse and the topic will continue to be covered during new employee orientation. All RCA and Programming staff was in-serviced on May 24th, 2014 and it has been included in new employee orientation since that time. Individual employees beginning work prior to the	
R181 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility had on staff someone with criminal convictions for 1 of 5 employees in the sample. Findings include: Review of employee file for one employee presented that there is a misdemeanor conviction	R181		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

R181, R208, + R224 POC accepted 12/4/14 BBurkell RN/PMC

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R181	Continued From page 1 that occurred in 2013. There is no evidence of a variance from the State Agency or evidence of a request for one. Confirmation was made at 12:14 PM, that there is no variance and no evidence that one was requested.	R181	orientation session will be individually briefed by their supervisors on abuse reporting requirements. 2. Measures put into place and systematic changes to ensure the deficient practice will not recur: Facility incident report forms will be redesigned to include a decision tree to determine if an incident is reportable. Monitoring will involve a second signature line on the incident reports assuring that two members of management, one of whom will be a licensed provider (i.e. Nurse or Administrator) have reviewed the form. 4. The date corrective actions will be completed: 12/10/14:Incident report forms will be redesigned to include second signature line and decision tree for reporting. 12/10/14:In-service to management team members. 12/15/14:All Follow-up Actions Completed and submitted to the State. R224 VI. RESIDENT RIGHTS 6.12 An ongoing process of environmental, programmatic and pharmacological changes has been, and continues to be implemented to keep the residents safe and positively engaged. Resident #2 was involved in the first two cited incidents which occurred on 1/11/14 and 1/19/14. Contrary to the citation in the findings, Resident #2 was the aggressor in both incidents. These incidents occurred shortly after a reduction in both Risperidone and Aricept. After the first two incidents a request was made to the primary care physician on 1/23/14 to reverse the medication changes. The resident's husband declined reintroduction of Risperidone. Resident #2 was seen at the Memory Center at Fletcher Allen by Mary Val Palumbo, NP, on 1/31/14. Mary Val Palumbo, NP, performed assessments indicating that Resident #2 had "Probable Alzheimer's disease versus frontal temporal dementia with psychotic features apparent". The clinician indicated that after discussion with resident #2's husband he was more amenable to returning to the previous dose of Risperidone. The clinician also indicated Aricept should not be discontinued, but should continue to preserve functioning. The PCP ordered return to Risperidone 2/3/14. The third incident cited here occurred on 8/S/14 in our outdoor garden. The incident was witnessed by a nearby staff member who quickly responded and redirected the residents. There appeared to be no precipitating event or trigger that led to this interaction.	
R208 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report 2 resident to resident incidents that occurred at the facility. Findings include: Based on staff interview and record review, resident to resident incidents of abuse, there is no evidence that they were reported to the State Agency per regulations. This was confirmed by the Resident Services Director on 10/13/14 at 5:40PM. An incident between Resident # 1 and 2 which occurred on 7/9/14 during which time Resident #2 kicked Resident #1, while h/she sat on the couch, without provocation. On 8/5/14 an incident occurred when Resident #1, without	R208		

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R208	Continued From page 2 provocation, began hitting Resident #4 on the chest, arms and hands while h/she sat on a bench in the garden, chatting with another resident. The Resident Services Director confirms that there is no evidence of the reports being filed after h/she and the Registered Nurse attempted to find the reports.	R208	We will continue, as we have since January, to work very closely with Primary Care Physicians to monitor changes to any psychoactive medication changes and provide our input if we feel that the change is ill advised or we begin to see negative effects of changes. The reversal of Resident #2's medication changes after the incidents of 1/11/14 and 1/19/14 were implemented because of establishing good communication between the Memory Center at University of Vermont Medical Center (formerly Fletcher Allen Health Care), the Primary Care Physician, and members of the resident's family. We maintain a high level of recreation programming including individualized activity to address the needs of each resident. The third step includes reducing use of contract staff from outside agencies who we have little control over their training and knowledge, and are less familiar with our individual resident's needs, both physical and behavioral. We maintain staffing levels in the facility consistent with regulation and have been working toward hiring knowledgeable, dedicated care givers including developing an adequate pool of per diem staff employed by EastView. These measures will be completed on the following schedule: Ongoing: Monitor any behavioral changes to residents on psychoactive medications. Ongoing: Interaction with resident's family and physician regarding resident's medications. Ongoing:Personalized activity programs to meet resident's needs. Ongoing:Limit use of external outside agency caregivers by ensuring highly trained and staffed health services employees available for all shifts. Ongoing: Mandating all employees take the CARES program course in first month of employment. Ongoing:Provide additional training to employees on dealing with residents with cognitive issues. Preparation and submission of this plan of correction is required by state law. This plan of correction does not constitute an admission for the purposes of general liability, professional malpractice or any other court proceeding. Respectfully Submitted, Brenda H. Schill, Executive Director	
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